



Class Trip Medical Emergency Release Form

Name of Trip: _____ Dates _____

Name of Participant: _____

Age: _____

Address: _____

City: _____ State: _____ Zip: _____

Parent or Guardian: _____

Home Phone: () _____ Work Phone: () _____

In case of emergency contact: _____

Wk #: _____ Hm #: _____ Cell #: _____

Does your child have allergies or other continuing illness? _____ Yes _____ No

If yes, please list and describe illness:

Medical Insurance Company: _____

Policy Number: _____

I give permission for my child to take part in the school sponsored class trip, including the bus ride to and from the school premises. I also believe that discipline is necessary for the welfare of each student as well as the entire school. I give permission for my child's teacher and/or other agent of the school to make and enforce regulations in a manner consistent with Christian principles, school policies, and disciplines as set forth in the Scriptures and the school handbook.

I also give permission for nonprescription medication (Tylenol or Advil) and routine medical care to be given to my child. If deemed necessary by staff to take said student to a doctor or hospital, I hereby authorize medical treatment including, but not limited to, emergency surgery or medical treatment, and assume the responsibility for all medical bills. I hereby release, waive and forever discharge Little Rock Christian Academy, Inc., its staff, agents, representatives from all rights and claims for damages, injury or loss to person or property which may be sustained during participation in activities, whether or not damages, injury or loss is due to negligence.

Parent/Guardian Signature: _____

Parent/Guardian Name (print): _____